

PCMH Quality Metrics Subcommittee  
Meeting Summary  
September 23, 2015

Attendees

**Dr. Pat Morrow**, BCBS of MT

**Anna Buckner**, Montana Medicaid

**Jan Bechtold**, Billings Clinic

**Dr. Janice Gomersall**, Community Physicians Group, Mountain View Family Medicine and Obstetrics

**Paula Block**, MPCA

**Tara Callaghan**, Providence Health System

**Kristen Pete**, Glacier Medical Associates

**Kelly Tiensvold**, Kalispell Regional Medical Center

**Patty Kosednar**, Health Technology Services

**Dr. Rob Stenger**, Providence Health System

**Leslie Kilhan**, Cascade County Community Health Center

**Carolyn Perry**, MT DPHHS, Immunization Section

CSI Staff

Amanda Roccabruna Eby

Catherine Wright

Christina Goe

Prior to the subcommittee meeting, Amanda distributed revised drafts based on comments at the last subcommittee meeting, including: the 2016 Reporting Form, 2016 QM Reporting Guidance, and the 2016 Patient-Level Data Elements and Dictionary. She asked the attendees to review all three attachments during the meeting for final approval to send to Mathematica for their feedback. Amanda explained all the edits that had been made since the last meeting:

- All wording for sampling method was removed.
- All wording requiring extra data elements outside of PQRS were removed from the reporting form – specifically, the total population number for each measure.
- Directions were added to Option 2 on how to submit a MU or PQRS report.
- Date immunization was administered was added to immunization measure instructions.
- Extra wording regarding depression screening being optional was added.

Attachment 1: Reporting Form

Amanda pointed out the specific changes made to the form as listed above, such as the option to submit a MU or PQRS report for Option 2. She asked the subcommittee if there would be value in recommending those that are using Option 1, to also use a MU or PQRS canned report from their EMR to validate their patient-level data. This is an exercise in improving data that Patty Kosednar is currently working on with PCMHs. Dr. Stenger and others expressed concerns about the confusion that would cause for clinics who may attribute patients differently in their patient-level data report they create than the EMR would in the canned report, resulting in different numerators and denominators. The recommendation will not be added. Discussion on the blood pressure measure resulted in the decision that it should be < not less than or equal to 140 over 90, a change from last year's guidance.

### Attachment 2: Guidance

At the last meeting, Dr. Morrow commented that the blood pressure measure was missing many ICD-10 codes. Amanda said she double checked the PQRS specifications and they were actually all there, blood pressure has a much shorter list of codes than A1C. In looking at the codes, Dr. Stenger noticed that the non-Medicare wellness/preventive codes were missing from all the measures. Those codes are not included because PQRS only tracks Medicare Part A and B beneficiaries which cannot be billed for adult preventive/wellness visits; the G-codes are used instead for their “annual wellness planning visit.”

Without the other codes, a large population is not being accounted for – everyone in the measure age range that is not a Medicare beneficiary. However, Amanda reminded the group of some concerns to consider if adding the codes. The second year data would then differ from the 1<sup>st</sup> year baseline data since the codes were not included then. Also, adding the codes would be a variation from PQRS alignment outlined in rule.

Several providers agreed that adding the codes is important to capture the healthy population. Attendees requested CSI ask Mathematica for strategies to add to the guidance for how providers could most simply add the extra codes. Dr. Morrow will send the codes to Amanda to add to the guidance. Patty said that providers could still use MU reports but not PQRS reports for Option 2; then they would have to add the data for the additional codes to the canned report to capture the entire population. Clinics doing patient-level reports would have to create a custom report to include the additional wellness codes.

### Attachment 3: Patient-Level Data Elements and Dictionary

Remove the “SNT” row and the “Date\_FUP” row from the depression screening measure.

The subcommittee agreed that with the edits discussed that day, CSI should send the guidance packet to Mathematica for review. At the next Quality Metrics Subcommittee meeting on **October 14<sup>th</sup> at 12:00 pm**, Mathematica staff will be on the phone to provide feedback on the guidance.